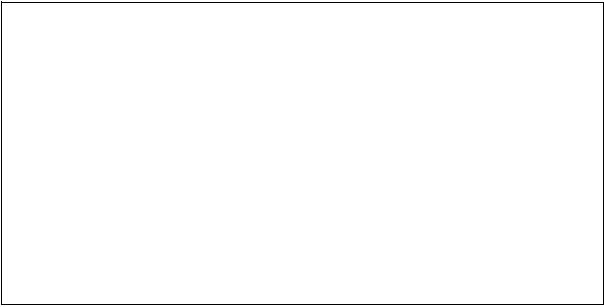




* F M U - 3 1 1 8 *



Name of Establishment: _____ Physician's Name: _____

Ventilatory Prescription

Bi-Level Prescription					Respirator Prescription			
Bi-Level	AVAPS	AVAPS-AE	iVAPS	iVAPS-AE	1	2	1	2
# hrs / day _____	# hrs / day _____	# hrs / day _____	# hrs / day _____	# hrs / day _____	# hrs / day _____	_____	_____	_____
Mode (S, S/T, PC) _____	Mode (S, S/T, PC) _____	PS min _____	PS min _____	PS min _____	Mode _____	_____	PEEP _____	_____
IPAP _____	IPAP min _____	PS max _____	PS max _____	PS max _____	AVAPS _____	_____	IPAP min _____	_____
EPAP _____	IPAP max _____	EPAP min _____	EPAP _____	EPAP min _____	Vt / Target Vt _____	_____	IPAP max _____	_____
BR _____	Target Vt _____	EPAP max _____	IBR _____	EPAP max _____	BR _____	_____	EPAP min _____	_____
TI (PC mode only) _____	EPAP _____	BR _____	Va _____	Va _____	Pressure / Pmax _____	_____	EPAP max _____	_____
	BR _____	Target Vt: _____		IBR _____	PS min _____	_____	TI (PC mode only) _____	_____
	TI (PC mode only) _____				PS max _____	_____		

Oxygen Prescription	Phrenic Nerve Stimulator	Mouth Piece Ventilation / MPV
# hrs / day _____		1 _____ 2 _____
With Ventilatory Support (L/min) _____	BR _____	# hrs / day : _____
Without Ventilatory Support (L/min) _____	Right Amplitude _____	Mode (VAC or PC) _____
Specifications _____	Left Amplitude _____	Vt _____
	Bilateral <input type="checkbox"/> Unilateral <input type="checkbox"/>	PC _____
		BR _____

Cough Assistance	Manual Technics	Tracheostomy																								
<table border="1"> <tr><td>Preset</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>P inspi</td><td></td><td></td><td></td></tr> <tr><td>P expi</td><td></td><td></td><td></td></tr> <tr><td>Ti/Te</td><td></td><td></td><td></td></tr> <tr><td>Oscillation: Amp</td><td></td><td></td><td></td></tr> <tr><td>Oscillation: Hz (R)</td><td></td><td></td><td></td></tr> </table>	Preset	1	2	3	P inspi				P expi				Ti/Te				Oscillation: Amp				Oscillation: Hz (R)				<p>Lung Volume Recruitment with manual resuscitator and one-way valve (RVP) <input type="checkbox"/></p> <p>Compressions</p> <p>Abdominal Thrusts <input type="checkbox"/></p> <p>Costo-Lateral Thrusts <input type="checkbox"/></p> <p>Nasopharyngeal Aspiration <input type="checkbox"/></p>	<p>Company _____</p> <p>Model _____</p> <p>Size _____</p> <p>Fenestrated YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Cuff YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Emergency Tracheostomy (smaller size), if pediatric or as needed: <input type="checkbox"/></p> <p>Specifications: _____</p> <p>_____</p> <p>_____</p>
Preset	1	2	3																							
P inspi																										
P expi																										
Ti/Te																										
Oscillation: Amp																										
Oscillation: Hz (R)																										
<table border="1"> <tr><td>Optional: Cough-track:</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Pause</td><td></td><td></td><td></td></tr> </table>	Optional: Cough-track:	1	2	3	Pause																					
Optional: Cough-track:	1	2	3																							
Pause																										
<i>*Please contact the NPHVA with any questions regarding the Cough Assist Rx.</i>																										

Specific Requests/ Additional Information

Date : _____ Signature : _____ License #: _____

Name in Print: _____